Appendix 1 - Model # 3

Letter Confirming Post-Contract, Comprehensive, or Focused Review to be Conducted Partially Onsite

(Date)

(Name)
(Title)
(Address)

Dear (Name):

This is to confirm that a team from the Centers for Medicare & Medicaid Services (CMS) will conduct a (post-contract, comprehensive, focused) review at (name of M+CO) from (dates of review). CMS staff have already discussed arrangements for this review with (name) of your staff. Sentences to be used for samples: We will review all of the samples in our office. or We will review the following samples in our office: (list the samples to be reviewed in the office)

Paragraph to be used for post-contract reviews: The purpose of this review is to provide technical assistance and to evaluate your compliance with the Medicare functional areas that CMS could not assess during the initial application review. (If the RO is reviewing other areas, include the following sentence: We will also be reviewing (area to be reviewed) because (explain reason for review).

Paragraph to be used for comprehensive reviews: The purpose of this review is to assess (name of M+CO)'s compliance with the Medicare + Choice regulations found at 42 Code of Federal Regulations 422 and other appropriate CMS standards.

Paragraph to be used for focused reviews: The purpose of this review is to assess (name of M+CO)'s implementation of the corrective action plan submitted as a result of the (post-contract, comprehensive, focused) review conducted (date of review). (or) The purpose of this review is to (insert purpose).

The review team will consist of (names of reviewers). (Name) will review (list areas of review). (Name) will review (list areas of review). Sentence to be used for comprehensive when M+CO has deemed status: Because you are deemed to meet certain requirements based on your accreditation status, we will not review those elements that are deemed.

The review team will meet with you and your staff at your office at (time) on (date) for an entrance conference. During the entrance conference, the reviewers will discuss the purpose of the review, review the agenda, and highlight issues relevant to the review. We would appreciate you and/or your staff presenting a brief overview of your current organization and operation. At the close of the review, the reviewers will hold an exit conference to

summarize their preliminary findings and discuss any unresolved issues. We would appreciate having you, the Medicare Compliance Officer, and other appropriate management staff, and a member of the Board of Directors, if available, attend both the entrance and exit conferences.

The review team will use the Medicare + Choice Restructured Monitoring Review Guide, Version (version #), which you can find at www.cms.hhs.gov/healthplans/monitoring/2003Guide.asp, to conduct the review. The reviewers are not confined solely to the elements contained in the Review Guide. If the reviewers find indications that you may not be in compliance with other regulatory requirements, they will investigate the issue further to determine whether your organization is in compliance with all Federal regulations and other appropriate CMS standards.

Enclosure I identifies the information and elements that CMS will evaluate during this review. Column 1 indicates which documentation (name of M+CO) should send to CMS prior to the review. Please send us the necessary documentation no later than [date (seven weeks before the review)] and have a copy of the materials available in a room that the reviewers can use as an office during the review. Make all other documentation associated with the review available onsite as well. **All documentation should be available in the room on the first day of the review.** The reviewers may request additional information while onsite.

Please inform the staff identified on Enclosure II that we may need to talk with them during the review. You should make tentative arrangements for these discussions, starting (date/time), and reserve (number) rooms for these discussions. Each discussion should take approximately one hour, unless the enclosure indicates otherwise. Please send (name) a draft agenda at least one week before the review. Enclosure III is a sample agenda format to assist you.

Paragraph to be used when the review includes samples selected from M+CO universes:
Enclosure IV lists the review areas that we will sample. This enclosure briefly describes these areas and asks you to generate a listing of the universe for specific samples, as noted. Please send these listings to the regional office (RO), along with the materials marked with an "X" in Enclosure I, Column 1. If you are not able to generate the data described in this enclosure, please call (name) to discuss alternative methods.

Paragraph to be used when the review includes only samples selected from CMS universes:
Enclosure IV lists the review areas that we will sample. These samples will be selected from CMS data. Therefore, you do not have to submit any universes to CMS.

Approximately five weeks prior to the review, we will notify you of the specific cases selected for review in our office and the minimum documentation requirements for the sample cases selected. (Name of M+CO) must send all requested documentation associated with the case selected to the RO no later than [date (three weeks before the review)].

Paragraph to be used when some samples will be reviewed onsite: Approximately two weeks prior to the review, we will notify you of the specific cases selected for review at your office and the minimum documentation requirements for the sample cases selected. **Please**

have all requested documentation associated with the cases selected available on the first day of the review.

Paragraph to be used when certain elements are Met based on review of IRE data: Based on reports from the independent review entity, we have determined that (name of M+CO) meets certain elements, and we will not conduct any further review of these elements. Please see Enclosure V for a list of the elements.

Paragraph to be used if neither CO nor another region is involved in the review: Send (name) (number) (copy/copies) of the information requested in Enclosure I, Column 1, and (number) (copy/copies) of the information requested in Enclosure IV no later than [date (seven weeks before the review)].

Paragraph to be used if CO and/or another region is involved in the review: No later than [date (seven weeks before the review)] send (number) (copy/copies) of the information requested in Enclosure I, Column 1, and (number) (copy/copies) of the information requested in Enclosure IV to this office and (number) (copy/copies) of the information requested in Enclosure I, Column 1, to (CMS's central office/region XX) at the addresses shown below:

Names and Addresses

Thank you for your cooperation in scheduling this review. If you have any questions, please call (name) at (telephone number).

Sincerely,

(Name, Title, etc.)

Enclosures

I	Information Required for Review
II	Persons to be Available for Discussions
III	Sample Agenda Format
IV	Universe Request for Samples to be Reviewed by CMS
V	(Enclosure to be used when certain elements are met based on review of IRE data): Elements Met Based on Review of Independent Review Entity Data

bcc: CO Plan Manager, Reviewers